

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

TR-1 (05/2003) 1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e							te one form for e	each bus route that
Due Date : All Routes				To Co Octob	er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Numbe	er	District	Name		Legal Entity Number
Park			34		Livingston Public Schools			0612 0613
Route #	Leng	th of Ro	ute (miles per day)			Service Bus Route	Mileage	Rated Capacity
49-1-5-45	45				Bus R	□ Non Bus M Route Mileage	illeage	72
Vehicle I.D. #		License	#		□ District		District Owr	ned
2219 451						ct - If so, Name of Owner cted rate per mile	·	
Reimbursement Distribution- Er			of state/co		e paid to each di	strict. Note: Percentages		
Legal Entity		Legal E	Entity	mast ma	Legal E		Legal Enti	ity
0612			0613					
% 49.00		%	51.00		%		%	
PASSENGER INFORMATION	ELEMENTAR	V DIDE	20	HICH SCHOOL	DIDEDE	TOTAL		
Number of Preschool/Kindergar riding this route	pils	(Grades		73	HIGH SCHOOL (Grades 9		ELIGIBLE RIDERS	
	a NUMB	RER		b NUMBE	R	c a + b		
Regular (include eligible Preschool/liriders)	Kinderga	arten				Nombe		Q · D
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service)						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten rie							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	,						Date	
County This Application for Registration area assigned to it by the County	of Sch	nool Bus	and State Reimburs			accordance with Section eviewed and I certify that		
Signature - Chair, County Transport	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							e one form for e	each bus route that
Due Date : All Routes				To Co Octob	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Park			34	Livingston Public Schools				0612 0613
Route #	Lengt	th of Ro	ute (miles per day)		Type of	Service Bus Route	•	Rated Capacity
49-1-4-62	62				Bus R	□ Non Bus M Coute Mileage	lleage	78
Vehicle I.D. #		License	#		□ District	: Owned	District Owr	ned
0479 490						ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er			of state/co		paid to each di	strict. Note: Percentages		
Legal Entity 0612		Legal E			Legal E		Legal Enti	ty
0012			0013					
% 49.00	51.00		%		%			
PASSENGER INFORMATION	ELEMENTARY	/ DIDEE	10	HIGH COLLOOL	DIDEDO	TOTAL		
Number of Preschool/Kindergar riding this route	pils	(Grades P		(5	HIGH SCHOOL (Grades 9-		ELIGIBLE RIDERS	
	a NUMBE	=R		b NUMBEI	2	c a + b		
Regular (include eligible Preschool/	Kinderga	arten	NOMBL			NOWIBE	`	a i b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	;						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance							
TOTAL RIDERS								
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County This Application for Registration area assigned to it by the County	of Sch	nool Bus	and State Reimburse			accordance with Sectio eviewed and I certify that t		
Signature - Chair, County Transport	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accord receives state reimbursement Due Dat All Route	even tho		sportees of another legal of To (tilize the services.		ach bus route that Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Park 34				Livina	ston Public Schools		0612 0613
Route #	h of Rout	e (miles per day)		f Service Bus Route N		Rated Capacity	
49-1-1-80			Bus R	□ Non Bus Mil Route Mileage	eage	78	
49-1-1-80 80 License #					Owned	District Own	ed
8814		524			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- I	Enter the	legal enti		e of state/co		paid to each dis	trict. Note: Percentages
Legal Entity 0612		Legal Ent		Legal E		Legal Entit	у
% 49.00		% 5	51.00	%		%	
PASSENGER INFORMATION							
Number of Preschool/Kinderg- riding this route	arten pup	oils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER	c a+b	
Regular (include eligible Preschoo	ol/Kinderga	irten	NUMBER				a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	ed Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e miles OR nonresident and no atter							
agreement) (Include ineligible Preschool/Kinde	ergarten rid	ders)					
Nonpublic School Riders (ineligible	e)						
TOTAL RIDERS							
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Signature - Chair, Board of Truste		., 11			22 given by and boung ma	Date	
	. Tue		O a manusista a A service a '	na moderni di f	and and the Control	20.40.400.710	•
This Application for Registration area assigned to it by the Cou	on of Sch inty Trans	ool Bus a sportation	and State Reimbursement		accordance with Section eviewed and I certify that the	is bus operates	
Signature - Chair, County Transpo	ortation Co	mmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with	Title 20, C	Chapter 10, Part 1, MCA	. School di	strict official	must complete of	ne form for e	ach bus route that	
receives state reimbursement e	ven thou	ugh transpo	ortees of another legal e	entity may u	tilize the ser	vices.		Rate Per Mile	
Due Dates All Routes				ounty Sup	t	To OPI October 15		\$1.15	
County Name			County Number	District	Name			Legal Entity Number	
Park	·		34			ic Schools		0612 0613	
Route #	Length	of Route	(miles per day)	Type of		□ Bus Route Mile□ Non Bus Mile		Rated Capacity	
49-1-6-54	54	icense #		Bus F	Route Mile	age		54	
Vehicle I.D. #		□ District		Eme of Owner	istrict Own	ed			
8061			cted rate pe						
Reimbursement Distribution- En	nter the l	egal entity				rsement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity	L	egal Entity		atch budget Legal E			Legal Entit	у	
0612		06	313						
% 49.00		% 51.	00	%			%		
PASSENGER INFORMATION		/0 51.	00	/0			/0	•	
Number of Preschool/Kindergar	ten nuni	le	ELEMENTARY RIDE (Grades PK-8)	ERS	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route		15	(Grades i R-6)			(Grades 9-12)		LEIGIBLE RIBERS	
			a			b		С	
Regular (include eligible Preschool/k	 Kindergari	ten	NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Comina								
	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	arten ride	ers)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus wi	ill operate	entirely on	the route established by the	e Board of Tri	ıstees and wi	thin the transportati	on area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this be	We furthe	er certify that	this bus transports pupils e	eligible for sch	nool transport	ation as defined by	20-10-101, MC	A.	
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the	e minimum s	tandards as established by	the Board of	Public Educa	tion, the Montana H			
We also agree to refrain from soli We understand that violations of	iciting or o	causing othe	ers to solicit students from o	other transpor	tation areas.		ulding of state a	nd county reimbursement for	
this bus route.									
We agree that if this route crosse the school boards of both districts sh	nall be atta	ached to the	county superintendent's co	opy of this do	cument.	· ·	,	() , , , ,	
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees Date									
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.								
This Application for Registration	of Scho	ool Bus and	d State Reimbursement						
area assigned to it by the Count Signature - Chair, County Transporta			ommittee.			1	Date		
and									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				_				
This form is required in accordareceives state reimbursement e Due Date All Routes	even thous:		oortees of another legal e		ilize the services.		ach bus route that Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Park 34				Livina	ston Public Schools		0612 0613	
Route #	n of Route	(miles per day)		Service Bus Route M		Rated Capacity		
49-1-2-61	61			Bus R	□ Non Bus Mileoute Mileage	eage	78	
Vehicle I.D. #	L	icense #		□ District		District Own	ed	
4012	4	184			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the I	egal entity		e of state/co atch budget		paid to each dis	trict. Note: Percentages	
Legal Entity 0612	L	_egal Entit 0		Legal E		Legal Entit	У	
% 49.00		% 51	1.00	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	rten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/l riders)	Kindergar	ten				J. 1		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attention								
agreement) (Include ineligible Preschool/Kinderg		ers)						
Nonpublic School Riders (ineligible)	1							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		. ,				Date		
This Application for Registration area assigned to it by the Coun	n of Scho ty Trans	ool Bus an portation (nd State Reimbursement		accordance with Section viewed and I certify that th	is bus operates		
Signature - Chair, County Transport	tation Con	nmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

									-	
		ven thoug s:			al entity	may uti I ty Supt	lize the ser		one form for e	ach bus route that Rate Per Mile \$1.57
County Name				County Number		District I	Name			Legal Entity Number
Park				34		Livinas	ston Pub	lic Schools		0612 0613
Route #		Length	of Route	(miles per day)			Service	□ Bus Route Mil	•	Rated Capacity
49-1-3-122 122						Bus R	oute Mile	□ Non Bus Milea age	age	78
Vehicle I.D. # License #						District	Owned		istrict Owr	ied
3784 544							ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- Enter the legal entity number and percen						state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Under the control of th						Legal Er			Legal Enti	ty
% 49.00 % 51.00						%			%	
PASSENGER INFORMATION										_
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RIE (Grades PK-8							HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER			c a + b
Regular (include eligi	Regular (include eligible Preschool/Kindergarten			No.WBER				HOMBER		u · b
1st Wheelchair (WC)	1									
2nd Wheelchair (WC)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pre	eschool/Kinderg	garten rider	rs)							
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
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				ool bus and state reim hin the transportation						edge and belief, and the mmittee.
	Signature - Chair, Board of Trustees								Date	
This Application fo area assigned to it	r Registration	of School	ol Bus an							CA. s within the transportation
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev	en though trans	sportees of another legal el	ntity may ut	llize the se	ervices.		Rate Per Mile	
Due Dates All Routes	: :	To Co Octol	ounty Supt ber 1	:	To OPI October 15		\$1.80	
County Name		County Number	District	Name			Legal Entity Number	
Park		34	Living	ston Puk	olic Schools		0612 0613	
Route #	Length of Rout	e (miles per day)			☐ Bus Route Milea	•	Rated Capacity	
49-1-7-18	18		Bus R	oute Mil	☐ Non Bus Mileag		84	
Vehicle I.D. #	License #	!	□ District			strict Own		
5305	80			ct - If so, N cted rate p	lame of Owner per mile			
Reimbursement Distribution- En	ter the legal enti				oursement to be paid	d to each dis	trict. Note: Percentages	
Legal Entity	Legal En		atch budget Legal E			Legal Entity	/	
0612	3	0613		,		- 5		
% 49.00	% 5	51.00	%			%		
PASSENGER INFORMATION	70	71.00	70			70		
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	Н	IIGH SCHOOL RIDI (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
		a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/Kriders)	(indergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Gardiner Public Schools 0614 1191 Park Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 49-7-2-81.6 81.6 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 7828 185 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0614 1191 % % % 50.00 % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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area assigned to it by the County Transportation Committee.

Date

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, McA. School district official must complete one form for each bus route that receives state rein/busyment very mouth transportation and control regial entity may utilize the services. Rate Per Mile Route Dubbate: All Routes County Number October 17 County Name County Number District Name Legal Entity Number 1215 Route # Legal Entity Number 1215 Route # Legal Entity Number 1215 Non Bus Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Type of Service Bus Route Mileage Type of Service Type of Service Bus Route Mileage Type of Service T	This form is required in accordar	nce with	Title 20.	Chapter 10. Part 1. MCA	. School di	strict official mu	ıst complete or	ne form for ea	ach bus route that
Due bates: All Routes County Name									
County Name County Name	Due Dates	s:		To C	ounty Sup	t To	OPI		Rate Per Mile
Park Route # Length of Route (miles per day) Bus Route Mileage The	All Routes						ctober 15	:	\$1.57
Route # Length of Route (miles per day) Bus Route Mileage Bus Route Mileage For District Owned Contract - If so, Name of Owner Legal Entity Legal Entit	County Name			County Number	District	Name			Legal Entity Number
Route # Length of Route (miles per day) Bus Route Mileage Bus Route Mileage Bus Route Mileage Bus Route Mileage 72 Page Reinbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must march budget! Legal Entity 1215 Legal Entity 1215 Legal Entity 1215 Sub 0.0.00 Sub Sub Sub Note: Percentages must march budget! Legal Entity 1215 Sub 0.0.00 Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub Sub Sub Note: Percentages must march budget! Legal Entity Sub	Park			34	Arrow	head Eleme	entary		1215
Bus Route Mileage 72	Route #	Length	of Route	(miles per day)		Service 🗆 E	Bus Route Mile	-	Rated Capacity
Second Contracted LD.# Licenses # District Owned District Owned	b	84			Bus R		,	ge	72
Reimbursement Distribution-Einter the legal entity number and percentage of state/country reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	L	icense #					strict Own	ed
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								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Park			34	Arrow	head Elementary		1215
Route #	Lengt	h of Route	(miles per day)	Туре о	f Service Bus Route Mi		Rated Capacity
а	66			Bus F	□ Non Bus Mile Route Mileage	age	72
Vehicle I.D. #	L	License #		□ Distric	t Owned [District Own	ed
0874 448					act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- Er	legal entity		ge of state/conatch budge		aid to each dis	trict. Note: Percentages	
Legal Entity		Legal Entity		Legal E		Legal Entit	у
1215							
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	oils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k	Kinderga	rten	NOWBER		NOMBLE		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	1					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iers)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
County 1	Franspo	ortation Co	ommittee Approval as	required in	accordance with Section 2	 20-10-132, MC	:A.
This Application for Registration area assigned to it by the Count	of Schoty Trans	ool Bus and sportation C	d State Reimbursemen				
Signature - Chair, County Transport	ation Cor	mmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						olete one form for e	ach bus route that
receives state reimbursement e	ven moug	n transpo	ortees of another legal e	ininy may u	unize the services.		Rate Per Mile
Due Date:			To C	ounty Sup			
All Routes	;		Octo	ber 1	October 1	15	\$1.57
County Name			County Number	District	Name		Legal Entity Number
Park			34	Shield	ds Valley Pub Schl	S	1227 1228
Route #	Length o	of Route	(miles per day)	Type o	f Service Bus Rou	0	Rated Capacity
5	64.6			Bus F	□ Non Bus Route Mileage	Mileage	72
Vehicle I.D. #	ense #		□ Distric		Contractor (Owned	
2431 US11					ct - If so, Name of Owr	ner Shield's Va	lley Busing
Reimbursement Distribution- Enter the legal entity number and per						be paid to each di	strict. Note: Percentages
Legal Entity	Le	gal Entity		atch budge Legal E		Legal Enti	tv
1227			228	2090. 2			.,
% 70.00		% 30.	00	%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	-DC	HIGH SCHOO	OL DIDEDS	TOTAL
Number of Preschool/Kindergar	ten pupils	;	(Grades PK-8)	-K3	(Grades		ELIGIBLE RIDERS
riding this route							
			a		b		С
Regular (include eligible Preschool/l	 Kindergarte	n	NUMBER		NUME	BER	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Comitos						
	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement)		۵)					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		5)					
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee.		,	,				
We agree to supervision of this b required; to provide a vehicle which	ous and bus	route by t	he State Superintendent; to	make such i	eports to the State Superi	ntendent and County	Superintendent as are
Superintendent; and to provide a lice	ensed, qual	lified and a	approved driver to operate	such vehicle a	as required by 20-10-103,		and the State
We also agree to refrain from sol We understand that violations of						withholding of state a	and county reimbursement for
this bus route. We agree that if this route crosse		·	•	·		· ·	•
the school boards of both districts sh	hall be attac	ched to the	county superintendent's c	opy of this do	cument.		
We understand route changes of accordance with 20-10-132, MCA.	ccurring dur	ing the sch	nool year require the filing o	of an amende	d TR-1 form and approval	of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees Date							
This Application for Registration	of Schoo	I Bus and					
area assigned to it by the County Signature - Chair, County Transport			committee.			Date	
Signature Shair, County Transport	adon Odnin					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with en thou	Title 20, C	Chapter 10, Part 1, MC. ortees of another legal	A. S entit	chool dis y may ut	strict official ilize the ser	must complete c	ne form for e	ach bus route that
Due Dates All Routes	: :			Cou i tober	nty Supt	t	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number		District	Name			Legal Entity Number
Park			34		Shield	ls Valley F	Pub Schls		1227 1228
Route #	Length	of Route	(miles per day)	. 37			□ Bus Route Mileage □ Non Bus Mileage		Rated Capacity
1	73.6				Bus R	oute Mile		<u>.</u>	59
Vehicle I.D. #	Lie	icense #			District			Contractor (
4141	U	JS12				ct - If so, Na cted rate pe	ame of Owner S r mile	melius vai	ey Busing
Reimbursement Distribution- Ent	ter the le	egal entity			state/co		rsement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	egal Entity	/	natci	Legal E			Legal Enti	ty	
1227	228								
% 70.00	.00		%			%			
PASSENGER INFORMATION			ELEMENTA DV DID	EDO		I 1112	011 0011001 DI	2500	TOTAL
Number of Preschool/Kindergart riding this route	ls	ELEMENTARY RID (Grades PK-8)		•	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a				b NUMBER		c a+b	
Regular (include eligible Preschool/K	indergarte	ten	NUMBER				NOWBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)									
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten ride	ers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								CA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
County T	ranspor	rtation Co	ommittee Approval as	req	uired in	accordance	e with Section 2	0-10-132, M	CA.
This Application for Registration area assigned to it by the County	of School	ol Bus and	d State Reimbursemen						
Signature - Chair, County Transporta	tion Com	nmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						complete o	ne form for e	ach bus route that
		igii iiaiisp	•					Rate Per Mile
Due Dates All Routes			To Co Octo	ounty Supt ber 1		PI ber 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Park			34	Shield	ls Valley Pub S	Schls		1227 1228
Route # Length of Route (miles per day)			(miles per day)	Type of		Route Mile		Rated Capacity
6	70			Bus R	oute Mileage	n Bus Milea	ge	71
Vehicle I.D. #	L	icense #		□ District	Owned		ontractor (
1739	В	BUS8			ct - If so, Name of cted rate per mile	Owner S	hield's Val	ley Busing
Reimbursement Distribution- En	iter the le	egal entity		of state/coatch budget		ent to be pa	id to each dis	strict. Note: Percentages
Legal Entity	L	egal Entit	у	Legal E			Legal Entit	.y
1227		1:	228					
% 70.00		% 30	.00	%				
PASSENGER INFORMATION		T	ELEMENTARY RIDE	RS	HIGH SO	CHOOL RID)ERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupil	Is	(Grades PK-8)	No		ades 9-12)	LKO	ELIGIBLE RIDERS
			a NUMBER		N	b IUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergart	ten				-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	arten ride	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County T This Application for Registration area assigned to it by the Count	of Scho	ool Bus an						
Signature - Chair, County Transporta	ation Com	nmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.								ne form for e	ach bus route that
Due Dates All Routes	s:	J	. Т		nty Supt	т	o OPI October 15		Rate Per Mile \$1.36
County Name			County Number		District	Name			Legal Entity Number
Park			34			ls Valley Pu	ıb Schls		1227 1228
Route #	Length	n of Rout	e (miles per day)		Type of		Bus Route Mil Non Bus Milea		Rated Capacity
2	81.8				Bus R	oute Mileag	ge		66
Vehicle I.D. # 8856			:				e of Owner	Contractor (Chield's Val	
Reimbursement Distribution- En	nter the l	egal enti		tage of	f state/co	unty reimburs		id to each dis	strict. Note: Percentages
Legal Entity 1227	L	_egal En		st mate	match budget! Legal Entity			Legal Entity	
% 70.00		% 3	30.00		%			%	
PASSENGER INFORMATION	_								
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY R (Grades PK-		5	HIGH	l SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			а				b		C
Regular (include eligible Preschool/Kindergarten			NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)							
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees		by and w	vithin the transportation	n servi	ce area a	ssigned by the	County Trans	sportation Cor Date	nmittee.
This Application for Registration area assigned to it by the Count	of School ty Trans	ool Bus a portation							
Signature - Chair, County Transporta	ation Con	nmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever	e with Title 20	, Chapter 10, Part 1, MCA.	School dis	strict official must cor	mplete one form for e	each bus route that		
	ir alougir aun					Rate Per Mile		
Due Dates: All Routes		Octo	ounty Supt ber 1	t To OPI Octobe		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Park		34	Shield	ls Valley Pub Sc	hls	1227 1228		
	ength of Rou	te (miles per day)		Service 🗆 Bus Re	oute Mileage	Rated Capacity		
3	83.4			□ Non B toute Mileage	us Mileage	72		
Vehicle I.D. #	License #	ŧ	□ District	District Owned Contractor Owned				
3025	BUS9			ct - If so, Name of Orcted rate per mile	wner Shield's Va	lley Busing		
Reimbursement Distribution- Enter	r the legal ent		of state/co		to be paid to each di	strict. Note: Percentages		
Legal Entity	Legal En	tity	Legal E		Legal Enti	ty		
1227		1228						
% 70.00	% :	30.00	%	%				
PASSENGER INFORMATION								
Number of Preschool/Kindergarter	n pupils	ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS		
riding this route	<u>.</u> .	,		,	,			
		a			b	C .		
Regular (include eligible Preschool/Kind	dergarten	NUMBER		NUI	MBER	a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant								
agreement) (Include ineligible Preschool/Kindergart								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will o	perate entirely	on the route established by the	Board of Tru	I ustees and within the tra	ansportation area assign	led and approved by the		
County Transportation Committee. We We agree to supervision of this bus	further certify t	hat this bus transports pupils e	ligible for sch	ool transportation as de	efined by 20-10-101, MC	CA.		
required; to provide a vehicle which me Superintendent; and to provide a licens	ets the minimur	n standards as established by	the Board of	Public Education, the M	Nontana Highway Patrol			
We also agree to refrain from soliciti We understand that violations of the	ng or causing o	thers to solicit students from o	ther transport	tation areas.		and county reimbursement for		
this bus route. We agree that if this route crosses d			•		· ·	,		
the school boards of both districts shall We understand route changes occur	be attached to	the county superintendent's co	py of this do	cument.				
accordance with 20-10-132, MCA.								
I certify that this application for reg bus operates on the route as appro								
Signature - Chair, Board of Trustees					Date			
County Tra	nsportation	Committee Approval as r	equired in	accordance with Se	ection 20-10-132 M			
This Application for Registration of area assigned to it by the County	School Bus a	and State Reimbursement I						
Signature - Chair, County Transportation					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex	nce with	h Title 20 ugh trans	, Chapter 10, Part 1, sportees of another le	MCA. S	School dis ty may ut	strict official must of ilize the services.	complete or	ne form for e	ach bus route that		
Due Dates All Routes				To Cou	nty Supt		PI ber 15		Rate Per Mile \$1.36		
County Name			County Number		District	Name			Legal Entity Number		
Park			34			ls Valley Pub S			1227 1228		
Route #	Length	h of Rou	te (miles per day)		Type of	Service Bus	Route Mile	U	Rated Capacity		
4	54.4				Bus R	oute Mileage	Dus Milea	ge	64		
Vehicle I.D. #	L	_icense #	ŧ		District			ontractor (
1479	E	BUS2			 □ Contract - If so, Name of Owner Shield's Valley Busing □ Contracted rate per mile 						
Reimbursement Distribution- En	ter the	legal ent			f state/co h budget		nt to be pa	id to each dis	strict. Note: Percentages		
Legal Entity	I	Legal En	tity	usi maid	Legal E			Legal Entit	ry .		
1227			1228								
% 70.00		% :	30.00		%			%			
PASSENGER INFORMATION			EL EMENTA DV	DIDED		1,110,110,0	LICOL BIR	EDO	TOTAL		
Number of Preschool/Kindergard riding this route	ten pup	ils	ELEMENTARY (Grades Pl		5		CHOOL RID ades 9-12)	JEKS	TOTAL ELIGIBLE RIDERS		
			a NUMBE	D		N	b IUMBER		c a + b		
Regular (include eligible Preschool/K riders)	Kindergaı	rten	NOMBL	.11		1	IOWIDEIX		a i b		
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service										
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., u											
miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg		lora)									
Nonpublic School Riders (ineligible)	jarteri nu	iers)									
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees											
County T	ranspo	ortation	Committee Approva	al as rec	uired in	accordance with	Section 20	D-10-132, MC	CA.		
This Application for Registration area assigned to it by the Count	of Scho	ool Bus a	and State Reimburser								
Signature - Chair, County Transporta	ation Cor	mmittee						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Shields Valley Pub Schls 1227 1228 Park Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 64 7b 17 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Shield's Valley Busing 1479 BUS₂ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1227 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e	nce with	Title 20, C	Chapter 10, Part 1, MCA.	School dis	strict official must complete	one form for ea	ach bus route that
	_	gii tianspo	•				Rate Per Mile
Due Date All Routes			To Co Octob	er 1	t To OPI October 15	:	\$1.57
County Name			County Number	District	Name		Legal Entity Number
Park			34	Shield	ls Valley Pub Schls		1227 1228
Route #					Service Bus Route M		Rated Capacity
7a	17			Rus R	□ Non Bus Mile coute Mileage	eage	72
Vehicle I.D. #		cense #		□ District	Ţ	Contractor C	
2431	U	S11			ct - If so, Name of Owner cted rate per mile	Shield's Vall	ey Busing
Reimbursement Distribution- Er	nter the le	egal entity	number and percentage			paid to each dis	trict. Note: Percentages
		egal Entity	must ma	tch budget Legal Ei	!	Legal Entit	
Legal Entity 1227	Le		228	Legal El	Huty	Legal Entity	y
% 70.00		% 30.	00	%		%	
PASSENGER INFORMATION		I	ELEMENTARY RIDER	RS	HIGH SCHOOL R	IDERS	TOTAL
Number of Preschool/Kindergar	rten pupils	s	(Grades PK-8)	.0	(Grades 9-1		ELIGIBLE RIDERS
riding this route							
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/	Kindergarte	en	NOWBER		NOMBER		a + 5
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)					
TOTAL RIDERS							
TOTAL REPLIE							
We hereby certify that this bus w County Transportation Committee.							
We agree to supervision of this be required; to provide a vehicle which							
Superintendent; and to provide a lic We also agree to refrain from sol	ensed, qua	alified and a	pproved driver to operate su	ch vehicle a	s required by 20-10-103, MCA		
We understand that violations of this bus route.						nolding of state ar	nd county reimbursement for
We agree that if this route crosse						veen Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of						e County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for	registratio	on of scho	ol bus and state reimburs	sement is tr	rue and complete to the be	st of my knowle	edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by						
Gigilature - Oliali, boald of Trustees	•					Date	
					accordance with Section		
This Application for Registration area assigned to it by the Coun				as been re	eviewed and i certify that th	is ous operates	within the transportation
Signature - Chair, County Transport	ation Comr	mittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement events.	nce wit	th Title 20 ough trans), Chapter 10, Part 1, MC sportees of another lega	CA. S	School dis	strict official must com	plete one forn	n for ea	ach bus route that
Due Dates All Routes				Cou ctobe	nty Supt	To OPI October	15		Rate Per Mile \$1.36
County Name			County Number		District	Name			Legal Entity Number
Park			34		Shield	ls Valley Pub Sch	ls		1227 1228
Route #	Leng	th of Rou	te (miles per day)		Type of	Service ☐ Bus Rou ☐ Non Bus	-		Rated Capacity
7	91				Bus R	oute Mileage	s Mileage		66
Vehicle I.D. #		License 7	#		District		Contra		
8856		BUS1			Contra	ct - If so, Name of Ow cted rate per mile			
Reimbursement Distribution- En	iter the	legal ent			f state/co h budget		be paid to ea	ach dis	trict. Note: Percentages
Legal Entity 1227		Legal Er			Legal E		Lega	al Entit	У
% 70.00		%	30.00		%		9,	6	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RII (Grades PK-8		6	HIGH SCHO (Grades			TOTAL ELIGIBLE RIDERS
			а			b NUM			C
Regular (include eligible Preschool/k	Kinderga	arten	NUMBER			NOW	DER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	9							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	jarten ri	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
This Application for Registration area assigned to it by the Count	of Sch ty Tran	nool Bus a sportation							
Signature - Chair, County Transporta	ation Co	ommittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, N	MCA. School di	strict official must complete	one form for ea	ach bus route that
						Rate Per Mile
Due Dates All Routes			To County Sup October 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Park		34	Shield	ds Valley Pub Schls		1227 1228
Route #	Length of R	oute (miles per day)		f Service Bus Route M		Rated Capacity
6a	8.5		Bus F	□ Non Bus Mile Route Mileage	eage	71
Vehicle I.D. #	Licens	se #	□ Distric	t Owned	Contractor C	
1739	BUS		□ Contra	ct - If so, Name of Owner cted rate per mile		<u> </u>
Reimbursement Distribution- Er	iter the legal		tage of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entit	у
1227						
% 100.00	%		%		%	
PASSENGER INFORMATION		EL EMENTA DV	NDEDO.	LUQUI QQUIQQI B	IDEDO	TOTAL
Number of Preschool/Kindergar	ten pupils	ELEMENTARY F (Grades PK		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route						
		a NUMBER	1	b NUMBER		C
Regular (include eligible Preschool/k	Kindergarten	NOMBER	`	NOWBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd						
Nonpublic School Riders (ineligible)	jarton nacio,					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entire	l ely on the route established b	by the Board of Tri	Lustees and within the transporta	tion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b	We further cert	ify that this bus transports pu	pils eligible for sch	nool transportation as defined by	y 20-10-101, MC	Α.
required; to provide a vehicle which Superintendent; and to provide a lice	meets the mini	mum standards as establishe	ed by the Board of	Public Education, the Montana	Highway Patrol	
We also agree to refrain from sol We understand that violations of	iciting or causir	ng others to solicit students fro	om other transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse			·		· ·	•
the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	nall be attached	I to the county superintenden	t's copy of this do	cument.		
I certify that this application for i						
bus operates on the route as ap Signature - Chair, Board of Trustees		ia witiiii tile transportatioi	n service area a	issigned by the County Traf	Date Date	minuce.
County 1 This Application for Registration area assigned to it by the County	of School Bu	us and State Reimbursem		accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transporta					Date	
					ı	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with Title	20, Chapter 10, Part 1, MCA	. School di	strict official must complet	e one form for e	ach bus route that
		-				Rate Per Mile
Due Dates All Routes	:		ounty Supt ber 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Park		34	Shield	ds Valley Pub Schls		1227 1228
Route #	Length of Ro	oute (miles per day)		f Service Bus Route		Rated Capacity
6b	8.5		Bus R	□ Non Bus M Route Mileage	lleage	71
Vehicle I.D. #	Licens	e #	□ District	t Owned	Contractor (
1739	BUS		□ Contra	act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- Ent	ter the legal e		e of state/co atch budget		paid to each di	strict. Note: Percentages
Legal Entity	Legal		Legal E		Legal Enti	ty
1227						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergart	en pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route						
	 	а		b		C
Regular (include eligible Preschool/K	indergarten	NUMBER		NUMBEI	Χ	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)	arterrinders)					
TOTAL RIDERS						
We hereby certify that this bus will	Longrate entire	ly on the route established by the	a Roard of Tru	uetoes and within the transpo	tation area assign	ed and approved by the
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu	Ve further certities and bus rout	y that this bus transports pupils of the by the State Superintendent; to	eligible for sch make such r	nool transportation as defined reports to the State Superinte	by 20-10-101, MC	CA. Superintendent as are
required; to provide a vehicle which n Superintendent; and to provide a lice We also agree to refrain from solice	nsed, qualified citing or causin	and approved driver to operate s g others to solicit students from o	such vehicle a other transpor	as required by 20-10-103, MC tation areas.	A.	
We understand that violations of the this bus route.			•		ū	•
We agree that if this route crosses the school boards of both districts shawe understand route changes occ	all be attached	to the county superintendent's c	opy of this do	cument.		
accordance with 20-10-132, MCA. I certify that this application for re-	egistration of	school bus and state reimbu	rsement is t	true and complete to the b	est of my knowl	edge and belief and the
bus operates on the route as app					ansportation Co	
Signature - Chair, Board of Trustees					Date	
County T	ransportatio	n Committee Approval as	required in	accordance with Sectio	n 20-10-132, M	CA.
This Application for Registration area assigned to it by the County	of School Bu	s and State Reimbursement				
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ance with Title 20,	Chapter 10, Part 1, MCA	A. School di	strict official must complete	one form for ea	ach bus route that			
receives state reimbursement e						Rate Per Mile			
Due Date All Routes			County Suptober 1	t To OPI October 15		\$1.57			
		L Countries N	B:	Name					
County Name	County Number	District	Name		Legal Entity Number				
Park Route #	Longth of Doute	34		Is Valley Pub Schls	III	1227 1228 Rated Capacity			
Roule #	Length of Route	(miles per day)	i ype oi	FService □ Bus Route M □ Non Bus Mile	J				
8a Vehicle I.D. #	8.5		1	toute Mileage		72			
	License #		□ District		Contractor C				
2431	US11		 □ Contract - If so, Name of Owner Shield's Valley Busing □ Contracted rate per mile 						
Reimbursement Distribution- En	nter the legal entity		e of state/co		oaid to each dis	trict. Note: Percentages			
Legal Entity	Legal Enti	ty	Legal E		Legal Entit	у			
1227	1	1228							
% 70.00	% 30	0.00	%		%				
PASSENGER INFORMATION	// 30								
Number of Preschool/Kindergal	rten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1:		TOTAL ELIGIBLE RIDERS			
riding this route		(5.55555)		(5.5555	_,				
		a		b		С			
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER		a + b			
riders) 1st Wheelchair (WC)	-								
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	I Service								
	1 Gel vice								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement) (Include ineligible Preschool/Kinder	garten riders)								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus w	rill operate entirely or	the route established by th	e Board of Tru	ı ustees and within the transporta	ation area assigne	ed and approved by the			
County Transportation Committee. We agree to supervision of this b									
required; to provide a vehicle which Superintendent; and to provide a lic						and the State			
We also agree to refrain from sol We understand that violations of	liciting or causing oth	ners to solicit students from	other transpor	tation areas.		nd county reimbursement for			
this bus route. We agree that if this route crosse	,		•		J	•			
the school boards of both districts s We understand route changes of	hall be attached to th	e county superintendent's c	copy of this do	cument.	,	() , , , ,			
accordance with 20-10-132, MCA.		,							
I certify that this application for bus operates on the route as ap	oproved by and wi				nsportation Cor				
Signature - Chair, Board of Trustees	S				Date				
County '	Transportation C	ommittee Approval as	required in	accordance with Section	20-10-132 MC	SA .			
This Application for Registration	n of School Bus ar	nd State Reimbursement							
area assigned to it by the Coun Signature - Chair, County Transport		COMMINUES.			Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.	nce with Title	20, Chapter 10, Part	1, MCA. S	School dis	strict official m	ust complete c	ne form for e	ach bus route that
	_		_					Rate Per Mile
Due Dates All Routes			Octobe	inty Supt r 1		o OPI October 15		\$1.57
County Name		County Number	r	District	Name			Legal Entity Number
Park		34		Shield	ls Valley Ρι	ıb Schls		1227 1228
Route #	Length of R	oute (miles per day)			Service	Bus Route Mil		Rated Capacity
8b	8.5			□ Non Bus Mileage Bus Route Mileage				72
Vehicle I.D. #	Licens	e#		District	Owned	C	contractor (
2431	US1				ct - If so, Nam cted rate per r	e of Owner S	Shield's Val	ley Busing
Reimbursement Distribution- En	ter the legal		centage o			ement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	must mate	Legal E			Legal Entit	.y
1227		1228						
% 70.00	%	30.00		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTAR (Grades		S	HIGH	SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		,	,			`		
		a				b		C .
Regular (include eligible Preschool/k	Kindergarten	NUMB	SER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	a. to.: 114010)							
TOTAL RIDERS								
We hereby certify that this bus wi	II operate entire	ely on the route establishe	ed by the B	oard of Tru	I istees and within	n the transportati	on area assign	ed and approved by the
County Transportation Committee. \ We agree to supervision of this bo	Ne further certi	fy that this bus transports	pupils elig	ible for sch	ool transportation	on as defined by	20-10-101, MC	Α.
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the minii	num standards as establi	ished by the	e Board of	Public Educatio	n, the Montana I		
We also agree to refrain from soli We understand that violations of the	citing or causin	g others to solicit student	ts from othe	er transport	tation areas.		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse				•			J	•
the school boards of both districts sh We understand route changes oc	all be attached	to the county superintend	dent's copy	of this doo	cument.			
accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County T	ransnortatio	on Committee Approv	val as rec	uired in	accordance v	with Section 2	0-10-132 MC	:Δ
This Application for Registration area assigned to it by the Count	of School Bu	is and State Reimburs						
Signature - Chair, County Transporta							Date	